| Ellective January 1, 2003 | | | | | | | | 10/589210 | | | | | |
|--|--|---|--------------------------------|--------------------------------------|--------------|------------------|-------|--------------------|------------------------|----------------|-------------------------------|------------------------|--|
| | | | S FILED - PART I (Column 1) | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| Ľ | OTAL CLAIM | s 28 | - | _ | | | | RATE | FEE | ٦¨ | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | + | OR | BASIC FEE | | |
| TOTAL CHARGEABLE CLAIMS | | | 28 m | 28 minus 20= | | . 8 | | X\$ 9= | | OR | X\$18= | 0 | |
| INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P | | | / minus 3 = *_ | | | 0 | | X42= | 1 | OR | X84= | 0 | |
| L | ULTIPLE DEPE | NDENT CLAIM | RESENT | | | | | +140= | | OR | +280= | 0 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | - | OR | TOTAL | 1.430 | | |
| 6-23-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | _ | SMALL | ENTITY | OR | OTHER SMALL | THAN | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total 28 | . 28 | Minus | # 0 | 28 | = 0 | | X\$ 9= | | OR | X\$18= | Ø | |
| | Independent FIRST PRES | ENTATION OF M | Minus ULTIPLE DE | PENDENT | 3 CLAIM | = 0 | | X42= | | OR | X84= | J | |
| | | | | | | | ' | +140= | | OR | +280= | 0 | |
| | | | | | • | | Α | TOTAL DDIT, FEE | | OR | TOTAL ADDIT, FEE | 0 | |
| _ | | (Column 1) | | (Colum | | (Column 3) | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent FIRST PRESE | * NTATION OF M | Minus | PENDENT | CI AIM | = | | X42= | | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140= | | OR | +280= | | |
| | | | | • | | | AI | TOTAL DDIT. FEE | | OR , | TOTAL ODIT. FEE | | |
| | | (Column 1) CLAIMS | | (Colum | | (Column 3) | | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID FI | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** . | | E | | X\$ 9= | | OR | X\$18= | | |
| | Independent FIRST PRESE | * NTATION OF MI | Minus | SMOENT | 21 4114 | - | | X42= | | OR | X84= | · | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | | 1200- | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30 column 3. | | | | | | | | | OR L | +280= TOTAL | | | |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOROROROROROROROROROROROROR | | | | | | | | | | | | | |
| | PTO-875 /Ray 12 | | <u> </u> | | | <u></u> | | | | | | İ | |

Application or Docket Number